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STATE MS.-DE SOTO CO

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QUITCLAIM DEED

THIS QUITCLAIM DEED made and entered into this day by and between REDMOND RENN EASON, III, , hereinafter "Grantor" and ROBERT GREEN LEE EASON hereinafter "Grantee".

W I T N E S S E T H :

FOR AND IN CONSIDERATION OF Ten and no/100 (\$10.00) dollars, cash in hand paid by the Grantee to the Grantor, and other good and valuable consideration, the receipt and sufficiency of all of which are hereby acknowledged, Grantor does hereby convey and quitclaim unto Grantee, that certain real property situated in DeSoto County, Mississippi, and more particularly described as follows:

See Exhibit "A" attached hereto.

The purpose of this instrument is to vest 100% ownership of the subject property in the Grantee. By way of explanation, Grantor and Grantee are the sole devisees under the will of Eula Sansing Eason who died testate on October 27, 2003, while a resident of Shelby County, Tennessee. A copy of the Certificate of Death for Eula Sansing Eason is attached hereto as Exhibit "B" and a copy of the Last Will and Testament of Eula Sansing Eason is attached hereto as Exhibit "C". By way of further explanation, the Estate of Eula Sansing Eason, was duly probated in the Probate Court

of Shelby County, Tennessee under Cause Number C-8895 on the docket of said court. This Quit Claim Deed is given and received by agreement of the Grantor and Grantee so as to vest the subject property solely in Grantee.

WITNESS the signature of the Grantor on this the 29th day of October, 2004.

Redmond Renn Eason III
REDMOND RENN EASON, III

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, REDMOND RENN EASON, III, who acknowledged that he signed, executed and delivered the above and foregoing instrument on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 29th day of October, 2004.

Jeff Scott McCaskill
NOTARY PUBLIC

My Commission Expires:
9-24-2005



ADDRESS OF GRANTOR:

Redmond Renn Eason, III
2209 Oliver Ave.

Memphis, TN 38104-5732

Tel: (H) 901-276-0125

Tel: (W) 901-292-8272

ADDRESS OF GRANTEE:

Robert Green Lee Eason
11550 Spring Manor Lane

Eads, TN 38028

Tel: (H) 901-861-5456

Tel: (W) 901-755-2075

PREPARER'S STATEMENT AND INDEXING INSTRUCTION

TYPE OF INSTRUMENT:

Quitclaim Deed

PREPARER'S NAME, ADDRESS AND TELEPHONE NUMBER:

William A. Baskin
Holcomb Dunbar, P.A.
P.O. Box 190
Southaven, MS 38671

662.349.0664

904.184

INDEXING INSTRUCTIONS:

To be indexed in the Northeast Quarter and the Northwest Quarter of Section 28, Township 1 South, Range 6 West, DeSoto County, Mississippi.

TENDERED FOR RECORDING BY (PLEASE RETURN TO):

William A. Baskin
Holcomb Dunbar, P.A.
P.O. Box 190
Southaven, MS 38671

662.349.0664

All parties to this instrument acknowledge that this Quitclaim Deed was prepared at the request of the parties and based upon legal descriptions furnished by the parties. No title work was requested or performed.

SURVEY OF

An 11.0136 acre tract in Section 28, T-1-S, R-8-W, Olive Branch, Desoto County, Mississippi. Being Part of the R.R. Eason Jr. tract as recorded in deed book 139, Page 531 in the Chancery Clerk's office of Desoto County, Mississippi, also known as tax parcel number 168-28-11.

Description

Beginning at a 1/2" re-bar found at the southeast corner of the Joel E. Stewart 0.59 acre tract (deed book 89, page 395) said point being in the north right-of-way of Old U.S. Hwy no. 78 (now Hwy no. 178) at highway station 310+74.30; Thence N-36°36'33"-E along Stewarts east line 218.37' to a 1/2" re-bar (found); Thence N-53°38'31"-W along Stewarts north line 119.93' to a 1/2" re-bar (found); Thence N-35°32'03"-E along the east line of a 30' strip conveyed to Stewart (deed book 87, page 347) 344.55' to a metal post (set) in the south right-of-way of the Burlington Northern Railroad; Thence S-46°30'34"-E along the south right-of-way of the Burlington Northern Railroad 988.27' to a 1/2" re-bar (found); Thence S-28°34'31"-W along the west line of the Herman Gillespie 1.70 acre tract (deed book 226, page 218) passing a 1/2" re-bar (found) at Gillespie's southwest corner at 124.75' and continuing S-28°34'31"-W along the west line of the Anthony W. Smith tract (deed book 308, page 324) a total distance of 456.41' to a metal post (set) in the north right-of-way of said old U.S. Hwy no. 78 (now Hwy no. 178); Thence Northwestwardly along said Right-of-way along a curve to the left having a radius of 34,424.535', an angle of 1°31'44", and a length of 918.63' to the point of beginning. containing 479,751.402 square feet or 11.0136 acres.

EXHIBIT

"A"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBERE/PRINT
IN
MANENT
CK INK
FOR
DUCTIONS
AND BOOK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

AN OR MEDICAL
ER EXECUTING
ATE MUST
ETE AND SIGN
L CERTIFICATION
48 HOURS.INSTRUCTIONS
OTHER SIDECAUSE OF
DEATH

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) EULA SANSING EASON | | | | 2. SEX FEMALE | | 3. DATE OF DEATH (Month, Day, Year) OCTOBER 27, 2003 | |
| 4. SOCIAL SECURITY NUMBER (of Decedent) 409-34-0731 | | 5a. AGE LAST BIRTHDAY (years) 77 | | 5b. UNDER 1 YEAR MOSE DAYS HOURS MIN | | 5c. UNDER 1 DAY HOURS MIN | |
| 6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | 7. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TN | | | | | |
| 8. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify) | | | | 9. DATE OF BIRTH (Month, Day, Year) MARCH 24, 1926 | | | |
| 9b. FACILITY NAME (If not institution, give street and number) METHODIST UNIVERSITY HOSPITAL | | | | 9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS | | 9d. COUNTY OF DEATH SHELBY | |
| 10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) WIDOWED | | 11. SURVIVING SPOUSE (If wife, give maiden name) NONE | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) TEACHER | | 12b. KIND OF BUSINESS/INDUSTRY MEMPHIS CITY SCHOOLS | |
| 13a. RESIDENCE-STATE TN | | 13b. COUNTY SHELBY | | 13c. CITY, TOWN OR LOCATION MEMPHIS | | 13d. STREET AND NUMBER OR RURAL LOCATION 1500 ROSEMARY LANE | |
| 13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 13f. ZIP CODE 38104 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 15. RACE-American Indian, Black, White, etc. (Specify) WHITE | |
| 17. FATHER'S NAME (First, Middle, Last) NATHAN SANSING | | 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARY OLA TRUSSELL | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+ | | | |
| 19a. INFORMANT'S NAME (Type/Print) ROBERT G. LEE EASON | | 19b. RELATIONSHIP TO DECEASED SON | | 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11550 SPRING MANOR LANE EADS, TN 38028 | | | |
| 20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) TENNESSEE CREMATIONS, INC. MEMORIAL PARK CEMETERY | | 20c. LOCATION-City or Town, State MEMPHIS, TN | | | |
| 21a. SIGNATURE OF FUNERAL DIRECTOR WILLIAM CONDY | | 21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5455 | | 21c. SIGNATURE OF EMBALMER NONE | | 21d. LICENSE NUMBER OF EMBALMER NONE | |
| 22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK FUNERAL HOME 5668 POPLAR AVE., MEMPHIS, TN 38119 | | 22b. LICENSE NUMBER OF FUNERAL HOME 522 | | 23. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |
| 24a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN RODNEY J. HOLLADAY MD | | 24b. LICENSE NUMBER TN 14386 | | 24c. DATE SIGNED (Month, Day, Year) 11. 3. 03 | | | |
| 25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER | | 25b. LICENSE NUMBER | | 25c. DATE SIGNED (Month, Day, Year) | | | |
| 27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. RODNEY HOLLADAY, 6263 POPLAR AVE., #1052, MEMPHIS, TN 38119 | | | | | | | |
| 28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → STROKE DUE TO (OR AS A CONSEQUENCE OF): ATHEROSCLEROTIC - CEREBOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death | | | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | |
| 30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide 4 <input type="checkbox"/> | | 31a. DATE OF INJURY (Month, Day, Year) | | 31b. TIME OF INJURY | | 31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | |
| 31d. DESCRIBE HOW INJURY OCCURRED | | 31e. PLACE OF INJURY-At home, building, etc. (Specify) | | 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |

EXHIBIT

"B"

Last Will and Testament

of

EULA SANSING EASON

I, EULA SANSING EASON, a resident of Memphis, Shelby County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking all Wills and Codicils heretofore made by me.

ITEM I.

I hereby direct that my personal representative, hereinafter named, take charge of all assets of my estate and determine the validity of any and all debts or claims and pay out of my estate assets all lawful debts and claims, including my burial expenses and expense of my last illness; and also determine and pay any and all estate and inheritance taxes required and all administrative expenses from my residuary estate hereunder.

ITEM II.

I hereby give, devise and bequeath all of the rest, residue and remainder of my property and assets of every kind and description and wheresoever located, equally to my children REDMOND RENN EASON III, AND ROBERT GREEN LEE EASON, share and share alike, or to the survivor(s) thereof, if any should predecease me. In the event either of my children should predecease me, his share of my Estate should go equally to his children and if he has no children, then to his surviving wife.

ITEM III.

All life insurance policies are to be distributed to the assigned beneficiaries on said policies, and said proceeds shall be used to reduce the inheritances of said beneficiaries under Item II.

ITEM IV.

I hereby nominate, constitute and appoint ROBERT GREEN LEE EASON, as Executor of this my LAST WILL AND TESTAMENT, and I direct that no bond or other security be required him for the faithful performance of the duties required as my personal representative.

I direct that my Executor shall have the rights, powers and immunities usually possessed and exercised by Executors, and without restricting such rights, powers and immunities, I expressly incorporate by reference the language contained in the introductory paragraph and in sub-paragraphs

THIS IS THE FIRST PAGE OF MY LAST WILL AND TESTAMENT E.L.E.

EXHIBIT

"C"

1 to 33, inclusive, of Section 35-50-110, of the Tennessee Code Annotated, as though copied herein verbatim.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my LAST WILL AND TESTAMENT, in the presence of the persons witnessing it at my request on this 5th day of January 2001.

Eula Sansing Eason
EULA SANSING EASON, Testatrix

The foregoing instrument was signed and declared by EULA SANSING EASON, the Testatrix, to be her LAST WILL AND TESTAMENT in our sight and presence, and we, at her request and in her sight and presence and in the sight and presence of each other have hereunto subscribed our names as witnesses this 5th day of January 2001.

Harley Telfs
Amy R Frost
Names

533 Oak Grove Rd. Goodspring TN
38460
147 Jefferson Suite 900 Memphis TN
Addresses 38111

Affidavit of Attesting Witnesses

STATE OF TENNESSEE)

COUNTY OF SHELBY)

We, the undersigned, being first duly sworn, make oath that on this 5th day of January 2001, EULA SANSING EASON personally appeared and declared to us that the foregoing instrument is her Last Will and Testament, and requested that we witness her signature and sign as attesting witnesses on said document; that she then signed the foregoing instrument in our sight and presence, after which we signed our names thereon as attesting witnesses, in her sight and presence and in the sight and presence of each other; that at the time of said execution, the said EULA SANSING EASON was more than eighteen years of age and appeared to be of sound mind and disposing memory, and appeared to be acting freely and voluntarily and not under the influence of any other person.

We further state, under oath, that we are more than eighteen years of age, and that we are executing this Affidavit at the specific request of the said EULA SANSING EASON.

THIS IS THE SECOND PAGE OF MY LAST WILL AND TESTAMENT E.S.E.

IN WITNESS WHEREOF, we have set our hands this 5th day of January 2001.
Charles A. Holtz Amy R. Frost

SWORN TO AND SUBSCRIBED BEFORE me this 5th day of January 2001.

Robert F. Dwyer
Notary Public

My Commission Expires:

7-30-2002

THIS IS THE THIRD & FINAL PAGE OF MY LAST WILL AND TESTAMENT E. L. E.